

FAMILY CLINIC OBSTETRIC FLOW:

Registration and Cashier

1. All pregnant mothers: any trimester in pregnancy.
2. All postnatal mothers: including Family Planning needs.
3. Any other female client at the discretion of the FC team.

Triage

1. Maternal Vital signs: Documented and communicated to the mother
2. Ask client for presenting complaints and any red flags: Drainage of liquor, PV bleeding,
3. Designate clients to high risk, urgent cases, and routine care
4. Guide on the individual patient flow until the consult is complete.
5. Routinely check patient waiting area for patient danger signs and delays
6. Health talks: vaccine schedule, nutrition, birth plan, reinforce relevance of FC

Emergency cases

CASUALTY CASES: The following patients will be stabilized in casualty before transfer to Maternity/ Theater.

1. Ectopic Pregnancy
2. Convulsions
3. Shock, hypotension, altered consciousness, hypoxia, tachypnea, and tachycardia.
4. Any acute emergency.

MATERNITY CASE: The following patients will be transferred to maternity directly.

1. Imminent delivery.
2. Non reassuring fetal status

URGENT CASE: all these cases must be communicated verbatim and in writing with the clinical team from triage.

1. Any abnormal vital signs
2. Potential active labor
3. PV bleeding
4. Drainage of liquor
5. Pain at scar site
6. Reduced or no fetal movement
7. Any other medical problem
8. All urgent referrals

HIGH RISK: MUST BE DISCUSSED WITH THE CONSULTANT

1. Any other medical condition: HTN, DM, Epilepsy, Asthma etc.
2. Rhesus Negative Mother
3. Prior CS or difficult delivery
4. Complicated pregnancy/ delivery history
5. Teenage pregnancies
6. Advanced maternal age
7. Bad Obstetric History
8. Booked elective delivery: SVD/CS
9. Abnormal ANC profile: low Hb, VDRL +ve, HIV +ve, Rh -ve, Hep B +ve, UTI